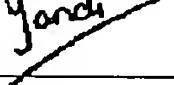


Best Available Copy

CHANGE OF CORRESPONDENCE ADDRESS <i>Application</i>		Application Number 10/052018																									
Address to: Assistant Commissioner for Patents Washington, D.C. 20231		Filing Date 01/17/02																									
		First Named Inventor YANDI ONGKOJOYO																									
		Art Unit																									
		Examiner Name																									
		Attorney Docket Number																									
<p>Please change the Correspondence Address for the above-identified application to:</p> <p><input type="checkbox"/> Customer Number <input type="text"/> Place Customer Number Bar Code Label here</p> <p><i>Type Customer Number here</i></p> <p>OR</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"><input checked="" type="checkbox"/> Firm or Individual Name</td> <td colspan="3">YANDI ONGKOJOYO</td> </tr> <tr> <td>Address</td> <td colspan="3">DHARMAHUSADA PERMAI XII/9 N-405</td> </tr> <tr> <td>Address</td> <td colspan="3"></td> </tr> <tr> <td>City</td> <td>SURABAYA</td> <td>State</td> <td>EAST JAVA</td> </tr> <tr> <td>Country</td> <td colspan="3">INDONESIA</td> </tr> <tr> <td>Telephone</td> <td>+62 (31) 5941857</td> <td>Fax</td> <td></td> </tr> </table> <p>This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).</p> <p>I am the :</p> <p><input checked="" type="checkbox"/> Applicant/Inventor.</p> <p><input type="checkbox"/> Assignee of record of the entire interest. <input type="checkbox"/> Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input type="checkbox"/> Attorney or Agent of record.</p> <p><input type="checkbox"/> Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____</p> <p>Typed or Printed Name YANDI ONGKOJOYO</p> <p>Signature </p> <p>Date 11/09/2004</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input checked="" type="checkbox"/> Total of 4 forms are submitted.</p> <p><small>Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.</small></p>				<input checked="" type="checkbox"/> Firm or Individual Name	YANDI ONGKOJOYO			Address	DHARMAHUSADA PERMAI XII/9 N-405			Address				City	SURABAYA	State	EAST JAVA	Country	INDONESIA			Telephone	+62 (31) 5941857	Fax	
<input checked="" type="checkbox"/> Firm or Individual Name	YANDI ONGKOJOYO																										
Address	DHARMAHUSADA PERMAI XII/9 N-405																										
Address																											
City	SURABAYA	State	EAST JAVA																								
Country	INDONESIA																										
Telephone	+62 (31) 5941857	Fax																									